

# ALABAMA BOARD OF LICENSURE FOR PROFESSIONAL GEOLOGISTS

610 South McDonough Street  
Montgomery, Alabama 36104  
Phone: 334/269-9990  
FAX: 334/263-6115

PROFESSIONAL GEOLOGIST	GEOLOGIST-IN-TRAINING
<input type="checkbox"/> \$150.00 Renewal Fee The following if applicable:	<input type="checkbox"/> \$75.00 Renewal Fee The following if applicable:
<input type="checkbox"/> \$100.00 Late Fee (If not received 90 days after expiration date)	<input type="checkbox"/> \$100.00 Late Fee (If not received 90 days after expiration date)

**Note:** THE BOARD ACCEPTS PERSONAL OR COMPANY CHECKS MADE PAYABLE TO THE ABLPG. Also, Continuing Education is required for this biennial license renewal period. Thirty (30) PDH's are required. Please see the Continuing Education Reporting Form or refer to your Continuing Education Guidelines booklet. You may access the CE Guidelines on the Board's website, [www.algeobd.alabama.gov](http://www.algeobd.alabama.gov). Also, your AL Seal Or Stamp must be affixed to your CE Reporting Form.

**Please complete the following:**

Name of Licensee: \_\_\_\_\_ Lic. Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Residence Address: \_\_\_\_\_  
Street & Number City State Zip

Residence Phone: (\_\_\_\_) \_\_\_\_\_ FAX : (\_\_\_\_) \_\_\_\_\_ County: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Address: \_\_\_\_\_  
Street & Number City State Zip

Business phone: (\_\_\_\_) \_\_\_\_\_ FAX: (\_\_\_\_) \_\_\_\_\_ County: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

**PLEASE MARK THE APPROPRIATE CATEGORY:**

\_\_\_\_ Academia      \_\_\_\_ Business\*      \_\_\_\_ Consultant, (Independent)      \_\_\_\_ Geotechnical  
\_\_\_\_ Government      \_\_\_\_ Mining      \_\_\_\_ Petroleum      \_\_\_\_ Retired

I hereby attest that the above information contained herein is true to the best of my knowledge and belief. I have read Chapter 364-X-14, Professional Conduct (Code of Ethics) and hereby reaffirm my agreement to abide by these rules set forth by the Board.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Social Security Number (Required): \_\_\_\_\_

## 2005 CONTINUING EDUCATION REPORTING FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

LICENSE NUMBER \_\_\_\_\_

**NOTICE:** For general guidelines, please read the document titled Continuing Education Guidelines for Alabama Licensed Professional Geologists (2005), which can be viewed on the Board's website, [www.algeobd.alabama.gov](http://www.algeobd.alabama.gov). For specific guidelines, please refer to Alabama Board of Licensure for Professional Geologists Administrative Rules, Ethics, and Enabling Act, Section 364-X-13-.02. Please note that documentation is required for all PDH credit claimed and should be available for later examination, if requested. This form can be modified as needed to document your particular PDH credit, but please use this form for reporting. The categories, 1 through 5 below, correspond to the same numbered categories in the 2005 Guidelines. Please note that 'contact hours' and PDHs are not the same as explained in the 2005 Guidelines for each category. Further, in some categories, there are limitations on the number of PDHs that can be claimed and/or the PDHs are prorated in some manner. Please see 'Examples of PDH Credit Conversion' in the 2005 Guidelines, which is located on the Board's website, [www.algeobd.alabama.gov](http://www.algeobd.alabama.gov).

### 1) Formal Educational Activities

Name of College of University	Course	Date Attended	Semester Hrs	Qtr Hrs	PDHs
a.					
b.					
c.					

## 2) **Formal Activities of Professional Societies, Agencies, and Organizations**

Organization	Subject	Date	Contact Hrs	PDHs
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a.

b.

c.

d.

### 3) **Field Trips**

Organization	Subject	Date	Contact Hrs	PDHs
a.				
b.				
c.				

### 4) **Regulatory and Safety Training, Internet Seminars and Courses & In-House Activities**

Source/Description	Date	Contact Hrs	PDHs
a.			
b.			
c.			
d.			

**5) Oral and Written Technical Contributions**

Title of Paper	Published By	Date	Pages	Prep Hrs	PDHs
a.					
b.					
c.					

**Total PHDs carried forward from last biennium** \_\_\_\_\_

**Total** \_\_\_\_\_

**Total PDH's Claimed** \_\_\_\_\_

**Total PDHs carried forward to next biennium\*** \_\_\_\_\_

\*Category 4 PDHs cannot be carried forward into the next biennium.

\_\_\_\_\_  
Signature of Applicant/Date

Licensee certifies that the information above is true and correct by applying his/her seal or stamp. **(Apply Seal or Stamp)**